

<b>Case Number:</b>	CM14-0101721		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/16/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female who reported an injury on 05/16/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of posterior lumbar laminectomy syndrome, lumbar radiculopathy, lumbar spondylosis, and disorder of the coccyx not specified. Past medical treatment consisted of physical therapy, sacroiliac joint steroid injections, 5 ganglion/coccygeal joint blocks, surgery, and medication therapy. Medications consisted of Percocet, Norco, Colace, Lyrica, Ambien, Cymbalta, tizanidine, metoprolol, spironolactone, and Pepcid. The injured worker underwent an MRI of the lumbar spine on 06/02/2010. The injured worker had a bilateral laminectomy, decompression, L5-S1 nerve roots with a gill decompression on 10/24/2011. The injured worker underwent lumbar surgery at the L5-S1 level on 10/24/2011. On 04/15/2014, the injured worker complained of back pain. The physical examination revealed that the injured worker had a pain rating of 7/10 with medications and a 1/10 to 2/10 since her coccyx injection. The examination of the lumbar spine revealed range of motion was restrictive in flexion limited to 50 degrees by pain, extension limited to 10 degrees by pain, right lateral bending limited to 8 degrees, left lateral bending limited to 10 degrees, lateral rotation to the left limited to 40 degrees, and lateral rotation to the right limited to 40 degrees. On palpation of the paravertebral muscles, spasm, tenderness, and tight muscle bands were noted on the right side. There was no spinal process tenderness noted. There was tenderness noted over the right sacroiliac joint but there was no tenderness noted over the coccyx. Motor strength was 5/5 in all muscles. The sensory examination revealed light touch sensation was decreased over medial foot on the right side and sensation to pinprick was decreased over medial foot on the right side. Deep tendon reflexes were 2/4 of the knees bilaterally. The treatment plan was for the injured worker to continue with

the use of Silenor 6 mg. The rationale and Request for Authorization form were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Silenor 6mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter: Insomnia Treatment (Lexi-Cop, 2008).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia Treatments, Silenor.

**Decision rationale:** The request for Silenor 6 mg is not medically necessary. The Official Disability Guidelines indicate that Silenor is not appropriate for the use of insomnia treatment. Official Disability Guidelines recommend benzodiazepines, non-benzodiazepines, melatonin, and over-the-counter medications for the treatment of insomnia. The treatment is usually short-term, generally 2 to 6 weeks. Silenor is considered a hypnotic medication. In 2007 the FDA requested that manufacturers of all sedative hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reaction and complex sleep related behaviors, such as sleep driving). Given the above, the request as submitted is not recommended by the Official Disability Guidelines. Furthermore, the request did not indicate a duration or a frequency of the medication. As such, the request for Silenor is not medically necessary.